

ENTERED

WATER WELL REPORT  
STATE OF WASHINGTONStart Card No.  
Water Right Permit No.

W100028

3371

(1) OWNER: Name CAMANO PLAZA/CARTY, JOHN Address 2470 HILLIS DR LANGLEY, WA 98260-  
 (2) LOCATION OF WELL: County ISLAND - NE 1/4 NW 1/4 Sec 31 T 32 N. R 3E WM  
 (2a) STREET ADDRESS OF WELL (or nearest address) 375 NE CAMANO/CAMANO PLAZ  
 (3) PROPOSED USE: DOMESTIC

(10) WELL LOG

(4) TYPE OF WORK: Owner's Number of well  
 (If more than one)  
 Method: ROTARY

NEW WELL

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change in formation.

(5) DIMENSIONS: Diameter of well 6 inches  
 Drilled 241 ft. Depth of completed well 240 ft.

(6) CONSTRUCTION DETAILS:  
 Casing installed: 6 Dia. from +2 ft. to 236.5 ft.  
 WELDED Dia. from ft. to ft.  
 Dia. from ft. to ft.

Perforations: NO  
 Type of perforator used  
 SIZE of perforations in. by in.  
 perforations from ft. to ft.  
 perforations from ft. to ft.  
 perforations from ft. to ft.

Screens: YES  
 Manufacturer's Name MAGAOKA  
 Type STAINLESS STEEL Model No.  
 Diam. 6 slot size 8 from 235 ft. to 240 ft.  
 Diam. slot size from ft. to ft.

Gravel packed: NO  
 Gravel placed from ft. to ft.

Surface seal: YES To what depth? 18 ft.  
 Material used in seal BENTONITE  
 Did any strata contain unusable water? NO  
 Type of water? Depth of strata ft.  
 Method of sealing strata off

(7) PUMP: Manufacturer's Name  
 Type H.P.

(8) WATER LEVELS: Land-surface elevation  
 above mean sea level ... ft.  
 Static level 136.2 ft. below top of well Date 01/01/98  
 Artesian Pressure lbs. per square inch Date  
 Artesian water controlled by

(9) WELL TESTS: Drawdown is amount water level is lowered below static level.  
 Was a pump test made? YES If yes, by whom? NW HYDROGED CON  
 Yield: 25 gal./min with 92.36 ft. drawdown after 7.5 hrs.

Recovery data  
 Time Water Level Time Water Level Time Water Level

Date of test 1/1  
 Bailer test 10 gal./min. 20 ft. drawdown after 1 hrs.  
 Air test gal./min. w/ stem set at ft. for hrs.  
 Artesian flow g.p.m. Date  
 Temperature of water Was a chemical analysis made? YES

MATERIAL  
 BROWN CLAY  
 BROWN SAND SILT & GRAVEL  
 BROWN GRAVEL & SAND  
 BROWN SAND & GRAVEL  
 BROWN GRAVEL & SAND  
 BROWN SAND  
 BROWN CLAY & SAND  
 BROWN CLAY  
 BROWN GRAVEL  
 BROWN CLAY  
 BROWN GRAVEL & CLAY  
 BROWN CLAY  
 GRAY CLAY  
 BROWN SAND SILT & CLAY  
 GRAY SAND & WATER  
 BROWN SAND SILT & CLAY  
 BROWN SAND & WATER  
 BROWN CLAY

FROM	TO
0	5
5	27
27	43
43	124
124	147
147	153
153	155
155	163
163	164
164	165
165	170
170	199
199	205
205	217
217	221
221	235
235	241

RECEIVED

JAN 21 1998

Department of Ecology

Work started 12/18/97

Completed 12/23/97

## WELL CONSTRUCTOR CERTIFICATION:

I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

NAME HAYES DRILLING, INC.  
 (Person, firm, or corporation) (Type or print)

ADDRESS 556 ERSKIG RD. BOM, WA

[SIGNED] Ray E. Hayes License No. 2204

Contractor's  
 Registration No. HAYESD1106J5 Date 01/09/98

WELL SITE MEETS ALL SIGHTING CRITERIA UNDER I.C.C. 8.09 BASED ON  
 INFORMATION SUPPLIED BY THE OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE.

6235

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BROWN CLAY & SAND  
BROWN CLAY  
BROWN GRAVEL  
BROWN CLAY  
BROWN GRAVEL & CLAY  
BROWN CLAY  
GRAY CLAY  
BROWN SAND SILT & CLAY  
GRAY SAND & WATER  
BROWN SAND SILT & CLAY  
BROWN SAND & WATER  
BROWN CLAY

FROM

TO  
0 5  
5 27  
27 43  
43 124  
124 147  
147 153  
153 155  
155 163  
163 164  
164 165  
165 170  
170 199  
199 205  
205 217  
217 221  
221 235  
235 241

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[SIGNED] *Ray Hayes* License No. 2204

Contractor's Registration No. HAYESDI106J5 Date 01/09/98

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INFORMATION SUPPLIED BY THE OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE.

6235



65067

# Well Tagging Form

*[Handwritten signature]*

Unique Well Tag No: \_\_\_\_\_

AGA 734

152164  
502

## RECORD VERIFICATION (check one)

- ☐ Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)
- ☐ Verification inconclusive
- ☐ Well Report not available

## WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name CAMANO PLAZA Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

## LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address NORTH OF MARKET IN FIELD

City \_\_\_\_\_ County \_\_\_\_\_

T \_\_\_\_\_ N R \_\_\_\_\_ W M Sec \_\_\_\_\_ 1/4 of the \_\_\_\_\_

## FOR AGENCY USE ONLY

Latitude \_\_\_\_\_

Longitude \_\_\_\_\_

- ☐ GPS
- ☐ Topographic Map
- ☐ Survey
- ☐ Computer generated

Elevation at land surface \_\_\_\_\_ feet/meters (circle one)

- ☐ Digital Altimeter
- ☐ Topographic Map
- ☐ Other \_\_\_\_\_

Additional information, if available.

- ☐ Location marked on topographic map (please attach)
- ☐ Location marked on air photo (please attach)

The Department of Ecology does NOT Warranty the Data and/or the Information on this Well Report.

FOR AGENCY USE ONLY

WELL CHARACTERISTICS

Physical Description of well (size or casing type or well housing etc)

6" CASING EXPOSED, IN FIELD NORTH OF SHOPPING CENTER  
AND C LINK FENCED AREA CONSIDERED A "DEAD" WELL

Location or Well Identification Tag

*Wz*

Is supplemental tag needed for ease of identifying well?

☐

Yes

☒

No

Where was tag placed?

Scale 1 24 000 (1" = 2 000')

Indicate the location of the well within the Section by drawing a dot at that point.

SECTION \_\_\_\_\_

D	C	B	A
E	F	G	H
I	J	K	L
M	N	O	P
Q	R	S	T
U	V	W	X
Y	Z	AA	AB

Comments

FOR DEPARTMENT OF ECOLOGY WATER RESOURCES PROGRAM ONLY

Permit Right #

Date Issued

One

Application

Permit

Certificate

Claim

Exempt